

# HEALTH CHECK IMPLEMENTATION PLAN

County:

Completion Date for items in Table 1 and 2a-c

<b>1. General Project Information</b>	
Agency Name:	
Agency Address:	
<b>Medicaid Provider Number:</b>	
<b>Attending Provider Number:</b>	
Agency Director's Name:	
Phone Number:	
<b>HCC Supervisor's Name and Title:</b>	
Contact Person for Implementation Plan	
Phone Number:	
<b>Fax Number:</b>	
County Number:	

<b>2. Implementation Activities</b>	<b>DMA To Complete</b>
a. Review State Policies & Procedures	
b. Letter of Intent; Refer to Appendix 14-1	
c. Complete and submit the following information: <sup>1</sup> <ol style="list-style-type: none"> <li>1. Provide orientation plan for the HCC(s) to community, agencies and local resources. Use Appendix 6 as a guide.</li> <li>2. Describe the community collaboration process the agency will use to integrate the HCC(s) into your community and agency.</li> <li>3. Policy on home visits, if applicable. Refer to Section O.</li> </ol>	
d. Submit Health Check Project Agreement, Appendix 4; with all required attachments, including Health Check Project Budget, Appendix 13. Budget required for DMA funded counties only.	
e. Submit COCR Form; Appendix 10 when HCC is hired. <b>Section C 1-3 and D above must be approved by DMA before HCC is hired.</b>	

<sup>1</sup> Refer to examples on page 12-2.

<b>3. Implementation Activities; Training Activities</b>	<b>DMA To Complete</b>
a. Install (AINS) Data Shell	
b. Training HCC to use AINS Data Shell	
c. Introductory Training for Health Check Supervisor and HCC(s); <b>Required</b>	

**If technical assistance is needed, contact the State Health Check staff at 919-857-4217.**

#### **EXAMPLES FOR ITEMS LISTED IN FIRST TABLE; C1-C2**

- 1. Provide the agency's orientation plan for HCC(s) to the agency, community, and local resources. Use Appendix 6 of the State Policy and Procedures as a guide.**

The supervisor will assure that during their first weeks of employment the HCC(s) will be oriented to the agency using our standard orientation program for new staff. The Local Orientation Guide in the Health Check Policies and Procedure Manual will be used to orient the HCC(s) to specific items related to their role. The supervisor will monitor the balance of orientation activities. HCC(s) will be devoted to Health Check Program activities. Their activities will include spending 75% of their time on client related activities, assuring that 50% of their time is spent solely on direct client contact activities.

- 2. Describe the community collaboration process the agency will use to implement the HCC into your community and agency.**

We plan to send informational packets to all Health Check providers in the county advising them we will be hiring a Health Check Coordinator(s). Although our agency provides primary care and Health Check screenings using enhanced role nurses, we will assure the Health Check coordinators continue to link the children with their PCP of choice. We have worked collaboratively with the local Smart Start Partnership for Children for the past several years. Using their local contacts in the childcare centers, we will publicize the Health Check/Health Choice Programs and encourage families to apply for these services. In addition we will contact a variety of civic, service and faith based organizations to offer programs on the availability of Health Check /Health Choice and the role of the HCCs.

We will be adding the Health Check Coordinators under the same unit that provides other outreach services within our agency to facilitate communication and to prevent duplication of services. Our agency provides part-time school nurses to all the schools in the county. The Health Check Coordinators will work closely with the school nurses and will follow-up with families to encourage application to Health Check/Health Choice and to provide follow-up for referrals.